

Child Care Licensing and Regulatory Services

Section 2: Other Child Care Programs

(1) Would you like to be provided information about the ABC Child Care Program? ___ Yes ___ No

(2) Would you like to be provided information about the USDA Food Program? ___ Yes ___ No

(If Yes, please answer the following questions)

(3) Provide the contact information for the person who has been designated as the responsible USDA Food

Program Representative: Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

(5) Is the facility you are applying for a non-residential facility: ___ Yes ___ No

(6) Do your rates include meals and snacks: ___ Yes ___ No

(7) Please check the method that meals will be provided:

<input type="checkbox"/>	Prepared at Service Location	<input type="checkbox"/>	Prepared at a Central Kitchen
<input type="checkbox"/>	Provided by Local School System	<input type="checkbox"/>	Prepared by a Food Service Company

I CERTIFY that during the past seven years the applicant has not been disqualified from participating in any other publicly funded program for violating program's requirements. I understand that "publicly-funded" programs are any programs or grants funded by federal, state or local government. **Initial:** _____ **Date:** _____

I CERTIFY that the information on this application, including all attachments, is true to the best of my knowledge; that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations at this facility and that reimbursement will be claimed only for meals served to enrolled participants; that the CACFP will be available to all eligible participants without regard to race, color, sex, national origin, age or disability at this food service facility and that this facility has the capability for the meal service planned for the number of participants anticipated to be served. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes: **Initial:** _____ **Date:** _____

Please sign here stating that all statements are true to the best of your knowledge:

Signature

Date

THE UNDERSIGNED CERTIFIES TO THE FOREGOING FACTS AND TO THE FOLLOWING STATEMENTS:

I understand that Sec. 20-7-2700. et seq., Code of Laws of South Carolina, as amended, states that a child care facility cannot begin to operate until a license, approval or registration has been issued to that facility by the Department of Social Services.

Further, it is my intent to comply with the other regulations applicable to this child care facility which include but are not limited to regulations regarding child/staff ratios and staff coverage, beginning with the first day that care is provided to children. I understand that it is my responsibility to secure current criminal history background records check forms for all facility staff prior to their employment. I understand that it is my responsibility to report to the department any changes which affect the status of my child care facility license, approval or registration.

Signature

Date